Foster Family Home - Corrective Action Report

Provider ID: 1

1-509292

Home Name:

Perly Calaycay-Quiaoit, CNA

1

1-509292-4

4488 Luapele Place

Review ID: Reviewer:

David Ayling

Honolulu

HI 96818

Begin Date:

8/23/2017

End Date: 8 | 25 | 17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/23/17. Corrective Action Report issued during home visit with all items due to CTA by 9/23/17.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) - APS/CAN for CG #4 expired on 11/18/16, renewal not done until 1/25/17. APS/CAN for HHM #1 expired on 7/16/17, renewal not done until 8/18/17. eCrim for HHM #1 expired on 7/16/17, renewal not done until 8/18/17.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - CPR and First Aid expired on 8/17/16 for CG #4, not renewed until 8/17/17.

Compliance Manager

Primary Care Giver

8/23/17 Date

Data

8/23/2017 17:52 PM

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- 7.1.(a),(2) I showed CTA current APS/CAN and Criminal History for CG #4 and HHM #1 on the day of my recertification, August 23, 2017.
- 41.(b)8 I showed CTA current CPR and First Aid certification for CG #4 on the day of my recertification, August 23, 2017.

I made a list of the items with expiration dates (CPR, TB, APS/CAN) for all CG's and HHM's and placed in the front of my CTA binder. I will review it monthly.

PERLY C. QUIAOIT